

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE INTEREST OF

**Acknowledgment of  
Dispositional  
Conditions and Sanctions  
(Habitual Truancy)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

1. I am the juvenile. The court has imposed a dispositional order in this case.
2. I ☐ have read ☐ have had read to me the conditions of that dispositional order.
3. I understand the conditions of the order I must obey.
4. I understand that if I violate the order, the court could order one or more of the following sanctions:
  - Place me in a secure detention facility or the juvenile portion of a county jail for up to ten days with educational services.
  - Place me in nonsecure custody for up to ten days with educational services.
  - Suspend or limit my operating privilege (driver's license) for a period of up to one year.
  - Place me under formal or informal supervision for up to one year.
  - Put me in counseling, supervised work program, or other community service.
  - Detain me for not more than 30 days at my home or current residence, except to attend school or church.
  - Place me in an educational program.
  - Make me and/or my guardian pay a forfeiture (fine) of not more than \$500 plus costs.
  - Revoke my work permit.
  - Place me in a Teen Court Program.
  - Make me obey other rules or conditions ordered by the court.
5. I understand that if my caseworker is investigating whether I violated the order, my caseworker may, without a hearing, place me for up to 72 hours in nonsecure custody.

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Signature of Juvenile

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Distribution:

1. Original - Juvenile Clerk
2. Caseworker
3. Juvenile/Juvenile's attorney
4. Juvenile's parents